

Case Number:	CM14-0051376		
Date Assigned:	07/07/2014	Date of Injury:	06/07/2013
Decision Date:	08/06/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female who reported an injury on 06/07/2013. The injured worker reportedly sustained continuous trauma from 05/2009 to 06/2013. The current diagnosis is large bucket handle tear of the lateral meniscus of the left knee. The injured worker was evaluated on 02/05/2014 with complaints of persistent left knee catching and locking. Physical examination revealed tenderness along the lateral joint line of the left knee with a positive McMurray's sign. X-rays obtained in the office on that date indicated no degenerative changes. Treatment recommendation at that time included authorization for a lateral meniscus repair of the left knee. It is noted that the injured worker has been previously treated with physical therapy, injections, medications, bracing, and rest. The injured worker was also administered an ultrasound guided cortisone injection into the left knee on that date. The injured worker's MRI of the left knee on 06/07/2013 indicated severe articular cartilage loss in the lateral compartment, a moderate amount of intrasubstance degenerative changes within the anterior horn of the lateral meniscus, extensive degenerative tear of the body of the lateral meniscus, and absent posterolateral half of the posterior horn of the lateral meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diagnostic operative left knee lateral meniscectomy and chondroplasty, lateral femoral condyle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC, Knee and Leg Procedure Summary ,ODG Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month and a failure of exercise programs to increase range of motion and strength. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. As per the documentation submitted for this review, the injured worker's MRI of the left knee on 06/07/2013 does indicate an extensive degenerative tear of the body of the lateral meniscus as well as moderate degenerative changes within the anterior horn of the lateral meniscus. The injured worker has been previously treated with an extensive amount of conservative therapy to include anti-inflammatory medication, muscle relaxants, opioid medication, bracing, rest, physical therapy, and injections. Despite conservative treatment, the injured worker continues to report persistent left knee pain, locking, and catching. The injured worker's physical examination does reveal lateral joint line tenderness with positive McMurray's sign. Given the extent of conservative treatment, positive imaging findings, and positive examination findings, the current request for a left knee lateral meniscectomy with chondroplasty can be determined as medically necessary in this case.

12 visits of post op physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 25.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a meniscectomy includes 12 visits over 12 weeks. The current request for 12 postoperative physical therapy sessions exceeds guidelines recommendations. There is also no specific body part listed in the current request. Based on the clinical information received, the request is not medically necessary.

Rental of a Cold Therapy Unit for 7 days: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: Official Disability Guidelines state continuous flow cryotherapy is recommended for up to 7 days, including home use following surgery. The patient has been issued authorization for a diagnostic left knee meniscectomy. Therefore, the current request can be determined as medically appropriate. As such, the request is medically necessary.

Rental of a IF unit for 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. While not recommended as an isolated intervention, interferential current stimulation can be used for pain that is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, an unresponsiveness to conservative measures, or significant pain from postoperative conditions that limit that patient's ability to perform exercise programs or physical therapy treatment. As per the documentation submitted, the injured worker has been issued authorization for a left knee arthroscopic procedure. However, there is no indication that this injured worker will require interferential stimulation for significant pain limiting the ability to perform exercise/physical therapy. Therefore, the current request is not medically necessary.

Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. There was no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. Therefore, the current request is not medically necessary.